

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
SAN DIEGO MENTAL HEALTH SERVICES
MENTAL HEALTH TREATMENT PLAN

Date: _____ **Student:** _____ **Type of Service:** _____ **Start Date: ASAP** **Duration: 6 months**

Area of Need:

Present Level

Measurable Long-Term Goal:

<u>Parents will be informed of progress</u>	<u>Periodic Review Dates</u>	<u>Progress Toward Goal</u>	<u>Sufficient Progress to Meet Goal</u>
<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Trimester <input type="checkbox"/> Semester <input type="checkbox"/> Other: _____ <u>How ?</u> <input type="checkbox"/> Annotated Goals/Objectives <input checked="" type="checkbox"/> Other: teacher, therapist	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____

Benchmark/Short-Term Objective: Within 2 months:
 1. _____

Date:
☐ Achieved
☐ Reviewed

Person(s) Responsible: client, therapist

Benchmark/Short-Term Objective: Within 4 months:
 1. _____

Date:
☐ Achieved
☐ Reviewed

Person(s) Responsible: client, therapist

Area of Need

Present Level:

Measurable Long-Term Goal:

<u>Parents will be informed of progress</u>	<u>Periodic Review Dates</u>	<u>Progress Toward Goal</u>	<u>Sufficient Progress to Meet Goal</u>
<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Trimester <input type="checkbox"/> Semester <input type="checkbox"/> Other: _____ <u>How ?</u> <input type="checkbox"/> Annotated Goals/Objectives <input checked="" type="checkbox"/> Other: teacher, therapist	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____

Benchmark/Short-Term Objective: Within 2 months:

Date:
☐ Achieved
☐ Reviewed

Person(s) Responsible: client, therapist

Benchmark/Short-Term Objective: Within 4 months:

Date:
☐ Achieved
☐ Reviewed

Person(s) Responsible: client, therapist

Student Signature

Date

Signature of Parent

Date

Signature of Mental Health Service Representative

Date